

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 2 5

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431 Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.16-197 pages 1-9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

4.16-197 pages 1-9

10. SUBJECT OF AMENDMENT:

Renewed Interagency Agreement between the Department of Social Services, DMS, and the
Department of Health to administer the Physical Disabilities Waiver Program.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ee*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

Division of Medical Services
615 Howerton Ct.
PO Box 6500
Jefferson City, MO 65102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/26/01

18. DATE APPROVED:

OCT 24 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO

SPA CONTROL

Date Submitted: 09/26/01

Date Received: 09/27/01

COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES
and
THE DEPARTMENT OF HEALTH
relating to
ADMINISTRATION of
THE MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER
for
TARGETED INDIVIDUALS WITH PHYSICAL DISABILITIES

STATEMENT OF PURPOSE

The Physical Disabilities Waiver (PDW) will provide home and community-based services to individuals with serious and complex medical needs who have reached the age of 21 and are no longer eligible for home care services available under Early Periodic Screening, Diagnosis, and Treatment (EPSDT), known as Healthy Children and Youth (HCY) in Missouri. The target population will also include four individuals who received services under the Missouri Medicaid Children's Waiver, which was discontinued June 30, 1992. This waiver will provide a cost-effective alternative to placement in an Intermediate Care Facility for Mentally Retarded (ICF-MR).

The Department of Health (DOH) will assist the Department of Social Services - Division of Medical Services (DSS-DMS) in administration of the waiver by providing case management services for individuals who will be served by this waiver, and for assisting in transitioning individuals who do not meet the criteria of this waiver to adult Medicaid services under the State Plan or other waivers. The DSS-DMS will provide written program guidelines and training relating to the PDW Program, will be responsible for program evaluation, and will reimburse providers for services covered under Medicaid State Plan or waiver.

Therefore, the Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective administration of the Physical Disabilities Waiver (PDW) hereby agree to the conditions included in the Cooperative Agreement. The Department of Social Services is the single state agency for administration of the Title XIX (Medicaid) program in Missouri; the Division of Medical Services (DMS) is the division within DSS which directly manages the Medicaid program operations. Department of Health (DOH) will provide staff to perform case management services for persons transitioning to adult Medicaid covered services.

eligibility of costs for administrative or enhanced match, which becomes effective subsequent to the execution of this agreement, will be the applied as provided in the regulations. DOH staff who perform SPMP functions must have professional education and training in the field of medical care or appropriate medical practice, as specified in 42 CFR 432.50 (d).

2. Provide DOH access to the information necessary to properly administer the PDW Program.
3. Meet and consult on a regular basis with DOH on issues related to this agreement.
4. Provide the administration of Physical Disabilities Waiver and Personal Care Guidelines which includes the guidelines in this interagency agreement as agreed upon by DSS and DOH. The guidelines are to be followed in regard to the responsibilities of DOH in administrative case management, prior authorization of waiver and Personal Care Program services, carrying out the responsibility of the program administration, and carrying out the responsibility of the Personal Care Program services for the PDW waiver recipients.
5. Provide training for DOH staff as determined necessary by DSS and/or DOH in order to effectively carry out the responsibilities of the PDW administration and training to provide the Personal Care Program service.
6. Determine recipients' eligibility for Medicaid through the Division of Family Services. DSS-DMS identifies those who will be eligible to be included in PDW administration.
7. Review on a yearly basis the most recent assessment and plan of care the lessor of 100% or 15 of the waiver recipients to ensure the need for services was documented in the plan of care and all services needs in the plan were properly authorized prior to delivery.
8. Prepare the annual HCFA-372 report on the impact of the PDW program as required by 42 CFR 441.302 (f), based on information collected from DOH and from paid claim records.
9. Exchange data with DOH to compile periodic reports on the number of clients served, their costs, and the savings generated by the PDW Program.
10. Review reports of a provider non-compliance submitted from DOH and pursue any sanction or other action necessary and appropriate to remedy the non-compliance.

The Department of Social Services, Division of Medical Services, recognizes the unique relationship that the Department of Health has with the medical community; its expertise in case management, plan of care development, service coordination, case planning, service identification, monitoring; and its current role in administrative case management for persons in the EPSDT program, who require specialized medical care including the private duty nurse services. In order to benefit from this expertise and relationship, DSS enters into this cooperative agreement with DOH for PDW administration including prior authorization of services and technical assistance within the limits of this agreement.

The Department of Social Services, Division of Medical Services, and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

I
MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

OBJECTIVES:

1. Provide for cost-effective home and community-based services for individuals as cost effective alternative to Intermediate Care Facility for Mentally Retarded (ICF/MR) placement.
2. Assure necessary safeguards have been taken to protect the health and welfare of persons receiving services under the Physical Disabilities Waiver.

II
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of eligible administrative cost required for the proper and efficient operation of the waiver program as required by the Social Security Act in Sections 1902 (a) (4) (A); 1915 (c) (2) (A) through (D) and for the Personal Care Program as required by the Social Security Act in Sections 1902 (a) (4) (A); 1902 (a) (19) and 1902 (a) (30) (A), as amended, and applicable to federal regulations.

The rate of reimbursement for eligible administrative cost will be 50%, unless changed by law. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel (SPMP) and their supporting staff for compensation, travel and training will be 75%, unless changed by law. Changes in federal regulations affecting the matching percentage, and/or the

11. Prepare, print, mail, and publish on-line through the Internet when designated appropriate, material regarding Medicaid services to Medicaid providers; this includes manual and bulletins.
12. Review materials or reports to be published by DOH regarding Medicaid services. All such materials published by DOH as may affect compliance with Title XIX rules shall be subject to DSS-DMS review and approval prior to distribution.
13. Review and comment on policy and procedure for the internal operations of staff regarding Medicaid services, where such policy and procedure may affect compliance with Title XIX rules or the assurances under which the Waiver Program was approved. Provide technical assistance to assure program compliance with Medicaid regulations.
14. Maintain the confidentiality of client records and all other client information obtained from DOH in accordance with all state and federal laws.
15. Conduct hearings, in accordance with 42 CFR sections 431.200 to 431.250, for persons who have appealed denial or termination of PDW or Personal Care services by DOH care coordination staff. DSS staff shall request DOH care coordination staff to participate in these hearings.
16. Designate an employee of DSS-DMS to serve as liaison with DOH for administration of PDW and Personal Care Program services.
17. Assist DOH in the transitioning of eligible individuals to the adult Medicaid services.
18. Provide support as needed to DOH in developing plans of care.

DOH agrees to:

1. Directly employ qualified professional and support staff necessary to provide the administration and case management of the PDW and Personal Care Program services and for fulfillment of the primary terms and conditions of this agreement. Verify that all DOH personnel providing monitoring and quality assurance activities meet the qualifying criteria of Skilled Professional Medical Personnel as defined in 42 CFR 432.2 when the 75% match is claimed.
2. Maintain recipient data and utilization in a format to allow for coordination, identification, effective care planning for the targeted population, preparation of reports, and evaluation of program integrity.

The goals of maintaining the data are:

- (1) to assure that the number of individuals served under the waiver will not exceed the approved limits;
 - (2) to assure the total expenditures for PDW services will not exceed the currently established average cost cap rate for the intermediate care facility for mentally retarded or persons with related conditions (ICF/MR);
 - (3) to readily exchange with DSS data on specific clients, number of client served, and their costs to compile periodic reports and to aid DSS-DMS in determining the savings generated by PDW;
 - (4) to provide DSS-DMS with the information necessary to complete the annual report on the waiver's impact, as required by 42 CFR 441.302(f).
3. Collaborate, as necessary, with other State agencies in the client's assessment when evaluating the feasibility of transitioning eligible individuals to adult Medicaid services or PDW services.
4. Collaborate, as necessary, with other State agencies in developing plans of care for individuals identified for PDW services.
5. Provide PDW case management as an agent for the DSS to ensure the adequacy of medical care and services provided and act as liaison with multiple disciplines regarding the medical aspects of the program.
6. Prior authorize medically necessary PDW services and, as required, Personal Care Program services for PDW eligible individuals. DOH will maintain a prior authorization file for all PDW services authorized and submit suitable records of all prior authorizations to DSS-DMS or their fiscal agent. Additional information will be provided to the DSS-DMS or their fiscal agent upon request.
7. Conduct, at a minimum, quarterly home visits with monthly contacts as required to monitor the client's condition and continued appropriateness of service plan. Reevaluations of the level of care required by the individual will take place at a minimum of every six (6) months and more frequently if necessary due to changes in the client's condition.
8. Monitor provider provision of service. Activities would include reviewing the plans of care and any necessary documentation required to identify the clients' progress, the implementation of the services, and the appropriateness of the services provided.
9. Act as liaison in the due process for the recipient or his/her family in the event of a case closure, referral, and/or realignment of plan of care. Assure that the client will be maintained by a primary health care provider who will aid the family/client as further needed.
10. Account for the activities of the staff employed under this agreement in accordance

with the provisions of OMB circular A87 and 45 CFR part 74 and 95.

11. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Health.
12. Return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DOH.
13. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, and coordination of the PDW program according to all state and federal laws.
14. Meet and consult on a regular basis with DSS-DMS on issues arising out of this agreement.
15. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulation on program matters including the review and approval by DSS-DMS of all printed material developed by the DOH to fulfill this agreement.
16. Assume the financial responsibility for the development and printing of manuals, reports, brochures, and other documents related to PDW and Personal Care Programs which are distributed by DOH.
17. Follow the "Administration of Physical Disabilities Waiver and Personal Care Guidelines" which has been accepted by DSS and DOH and which incorporates the guidelines of this cooperative agreement.
18. Prepare policy and procedures for internal operations of DOH staff regarding PDW and Personal Care Programs. Such policies and procedures, affecting compliance with Title XIX rules or assurances under which the waiver was approved, will be subject to review by DSS-DMS prior to implementation. This will include, but is not limited to, review of DOH staff instructions for documentation of time spent on administration of PDW and Personal Care Program services.
19. Assure DOH staff participation in Medicaid related training that may be deemed necessary by the Director(s) of DSS and/or DOH or their designees.
20. Provide initial/intermittent/updated training as needed or as changes occur in policies, eligibility criteria, or function of staff as they relate to the PDW and Personal Care services.

21. Participate in hearings conducted by DSS in accordance with 42 CFR 431.200 to 431.250 in regard to DOH care coordination staff's administration of PDW or Personal Care services.
22. Report suspected provider abuse or non-compliance with Title XIX policy, procedures, and regulation.

III

PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the DSS and DOH or their designees and representatives from each division party to this agreement shall meet annually for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. Task force is to be chaired by DSS-DMS Director or his designated staff. These activities shall include consideration of:

1. The evaluation of policies, duties and responsibilities of each agency;
2. Feasibility of cost effectiveness of the waiver and/or program changes to meet the needs of the eligible individuals;
3. Arrangements for periodic review of the agreements and for joint planning for changes in the agreements;
4. Review of liaison activities among the Division, Department, and designated staff responsible for liaison activities at both the state and local levels, in regard to effectiveness of meetings, schedule of meetings, etc.

IV

DEFINITIONS

For the purposes of this agreement, the following definitions shall apply:

- A. Department of Social Services (DSS): The Missouri State Department of Social Services, which is the designated single state agency for the administration of the Medicaid program.
- B. Department of Health (DOH): A department within Missouri State government

responsible for the promotion and protection of the public's health through education, disease and injury prevention, regulation, and direct delivery of health care services in order that all Missourians may achieve their fullest health potential.


- C. Service Coordinator: The DOH field person who will work with DSS-DA and the eligible individuals to coordinate case management services for those individuals.
- D. Division of Medical Services (DMS): The division within the Department of Social Services which administers Medicaid program operations in Missouri.
- E. Physical Disabilities Waiver (PDW): The home and community-based services waiver to provide cost-effective services for the disabled/developmentally disabled persons as an alternative to care in a facility.
- F. Division of Family Services (DFS): The division within the Department of Social Services with responsibility for determining a person's eligibility for Title XIX (Medicaid).
- G. Title XIX (Medicaid): A health care program under the Social Security Act. Medicaid is a needs-based, health care benefit financed jointly by state and federal government. Medicaid is administered by the Department of Social Services, Division of Medical Services. Eligibility for Medicaid is determined by the Department of Social Services, Division of Family Services.
- H. Adult Medicaid Services: Missouri's State Medicaid Plan services which are available to Medicaid recipients who are 21 years of age or older.
- I. Program Administration: The overall administration of PDW Program provided by the Department of Health to oversee the daily operations of the program activities. Such activities would include developing data systems, preparing policy and procedures for internal operation for DOH staff regarding PDW and Personal Care Programs, monitoring authorizations of services, evaluating PDW program, assuring waiver limitations are maintained, monitoring case management and home visits, and submitting reports.
- J. Administrative Case Management: The assessment, location, coordination, and monitoring of the necessary and appropriate PDW services for an individual with complex medical disabilities.
- K. Intermediate Care Facility for Mentally Retarded (ICF/MR): Intermediate care facility for the mentally retarded or related conditions (ICF/MR) are services provided in a certified facility whose primary purpose is to provide health or habilitative services for mentally retarded individuals or persons with related conditions. To qualify for

ICF/MR services a person must have mild, moderate or profound mental retardation or a related condition and be receiving active treatment, Missouri Medicaid Nursing Home Manual, p 13-19.


- L. Plan of Care: Plan for delivery of State Plan and PDW service developed in collaboration with the recipient's attending physician and a copy forwarded to the physician.
- M. Skilled Professional Medical Personnel (SPMP): As defined in 42 Code of Federal Regulations 432.2, as amended.
- N. Sanctions: Consequences of failing to comply with the conditions of provider - participation in the Medicaid Program, as described in 13 Code of State Regulations 70-3.030-Sanctions for False or Fraudulent Claims for Title XIX (Medicaid) Services, as amended.
- O. Personal Care Program: The U.S. Department of Health and Human Services, Health Care Financing Administration, approved Medicaid State Plan for Personal Care.

TERMS OF THIS AGREEMENT

The effective date of this agreement is July 1, 2001, subject to the continued approval of the Waiver programs by the Federal Department of Health and Human Services. This agreement may be modified at any time by the written agreement of both parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided however that reimbursement shall be made for the period when the contract is in full force and effective.


Maureen E. Dempsey, M.D.
Director, Department of Health

7/1/01
Date


Dana Katherine Martin
Director, Department of Social Services

9/5/01
Date